

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Tom Petri

A.

Full Name (Last, First, Middle Initial)

Mary Beth Leib

Mailing Address 1810 Scarlet Oak Trl

City

Oshkosh

State

WI

Zip Code

54904-8874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thrivent Financial

Occupation

Government Relations

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C39634

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Dr. John Lent

Mailing Address PO Box 222
W4341 Golf Course Drive

City

Fond du Lac

State

WI

Zip Code

54936-0222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Group

Occupation

Retired Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 80709.C39426

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John Leschke

Mailing Address 2015 Menominee Dr

City

Oshkosh

State

WI

Zip Code

54901-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Services of Fox
Val

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 8

Transaction ID: 80709.C39341

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)